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Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016689

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 27 Primary Registration District No. 3005- Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) Butler		c. CITY OR TOWN RFD #1 Butler Mo	
c. FULL NAME OF (If not in hospital, give location) Butler Hospital		d. STREET ADDRESS (If outside, give location) Deepwater Twp.	
3. NAME OF DECEASED (Type or print) William Lisha Durrett		4. DATE OF DEATH Month May Day 19 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 27 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Bates Co. Mo.
13a. FATHER'S NAME H M Durrett		13b. MOTHER'S MAIDEN NAME Susan Bourland	14. NAME OF HUSBAND OR WIFE Maude Alma Durrett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT T R Fluty Address Butler Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia uremic coma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) severe exposure lying in yard DUE TO (c) several hours after having a stroke.			INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute + chronic nephritis. Heart disease.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Butler Missouri	
21. I attended the deceased from July 1 1954 to May 19 59 and last saw him alive on May 19 1959 Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. L. Hamman M D		22b. ADDRESS Butler Missouri	
22c. DATE SIGNED 5-20-59			
23a. BURIAL, CREMATION, REINTERMENT Burial	23b. DATE 5/21/59	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) (State) Butler Bates Co Mo.
24. FUNERAL DIRECTOR Culver Underwood Butler Mo		25. DATE RECD. BY LOCAL REG. May 21-1959	26. REGISTRAR'S SIGNATURE Kendall Korum

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

John H. Underwood

Licensed Embalmer No. 3585

P. O. Address... Butler...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.